XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
A header is required at the beginning of each XML file as follows: <?xml version="1.0" encoding="UTF-8" ?>							
<submission>	Opening tag is required.						
	type	Describes the setting for which data is being submitted.	N/A	CROSS-WALK	Character	20	Yes
	data	Describes the type of data being submitted.	N/A	IDENTIFICATION	Character	20	Yes
	version	The version of the file layout.	N/A	2.0	Character	20	Yes
	action-code	Describes the intended action of the file being submitted.	N/A	ADD	Character	20	Yes
<provider-id> sub-element of the provider element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<provider-id>**123456**</provider-id>**						
	None	Used to identify the provider. This will be either a valid Medicare or Medicaid provider ID and must match the Provider ID used in the clinical measure submission.	Provider ID	Valid 6 or 7 digit id	Character	7	Yes
<patient> sub-element of the submission element	Opening tag for patient	**Note**: This tag is required in the XML document. However, it contains no data.					
<episode-of-care> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<episode-of-care>CAC-2a</episode-of-care>**						
	measure-set	The code for the measure set submitted.	Measure set	PN SCIP	Character	22	Yes
<admit-date> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<admit-date>**04-02-2007**</admit-date>**						
	None	The month, day, and year of admission for inpatient care	Admission Date	MM-DD-YYYY (Must be a valid date and cannot equal UTD)	Date	10	Yes
<discharge-date> sub-element of the episode-of-care element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<discharge-date>**04-06-2007**</discharge-date>**						
	None	The month, day, and year the patient was discharged from acute care, left against medical advice, or expired during this stay.	Discharge Date	MM-DD-YYYY (Must be a valid date and cannot equal UTD)	Date	10	Yes
<hospital-patient-id> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<hospital-patient-id>**74185296374185296385**</hospital-patient-id>** **Please note that the data contained in this field must match the hospital-patient-id in the data submitted in the corresponding clinical measure file.**						
	None	Identifier used to identify the patient at the hospital. Please note that the data contained in this field must match the hospital-patient-id in the data submitted in the corresponding clinical measure file.	Hospital Patient Identifier	Up to 40 characters	Character	Up to 40	Yes
<first-name> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<first-name>**John**</first-name>**						
	None	The patient's first name	First Name	Patient's First Name	Character	30	Optional

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<last-name> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<last-name>**Doe**</last-name>**						
	None	The patient's last name	Last Name	Patient's Last Name	Character	60	Optional
<patient-rid-no> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<patient-rid-no>**1234567890**</patient-rid-no>**						
	None	Patient's MassHealth Recipient Identification number	MHRIDNO	All alpha characters must be upper case	Character	10	Yes
<patient-ssn> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<patient-ssn>**012345678**</patient-ssn>** If the Patient does not have a social security number, then this tag should contain an empty value. **Example with data:** **<patient-ssn></patient-ssn>**						
	None	Patient's Social Security Number	SOCSEC#	no dashes	Character	9	Optional
<birthdate> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<birthdate>**08-06-1964**</birthdate>**						
	None	The month, day and year the patient was born	Birthdate	MM-DD-YYYY (Must be valid a birthdate and cannot equal UTD)	Date	10	Yes
<hospital-bill-no> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<hospital-bill-no>**45678912878492432430**</hospital-bill-no>** **Note:** This field is mandatory						
	None	Hospital internal billing number	HOSPBILL#	Alphanumerics	Character	20	Yes
<mhrace> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<mhrace>**M**</mhrace>**						
	None	Documentation of the patient's race	Race	R1,R2,R3,R4,R5,R9,UNKNOW (see Table A)	Character	2-6	Yes
<ethnic> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<ethnic>**Y**</ethnic>**						
	None	Documentation that the patient is Hispanic/Latino/Spanish	Hispanic Indicator	Y,N	Character	1	Yes

XML Element	Attributes	Description	Data Element	Valid Values	Data Types	Field Size	Data Required (MassHealth)
<ethniccode> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<ethnic-code>**1234-5**</ethnic-code>**						
	None	Documentation of the patient's ethnicity code	ETHNICCODE	Alpha 6 characters or numeric is 5 numbers with a hyphen after the 4th number (####-#) (see Table A)	Character	6	Yes
<payment-source> sub-element of the patient element	Each element must have a closing tag that is the same as the opening tag but with a forward slash. **Example with data:** **<payment-source>**103**</payment-source>**						
	None	Source of payment for the services provided to the patient.	PMTSRCE	103-Medicaid (includes MassHealth) 104-Medicaid Managed Care, Primary Clinicians (PCC)	Character	3	Yes
</patient>	Closing tag for patient	**Note:** This tag is required in the XML document. However, it contains no data.					
</submission>	Closing tag for submission	**Note:** This tag is required in the XML document. However, it contains no data.					

Table A for MassHealth Identifier Crosswalk File

Question	Field Name	Valid Values	Value Descriptions
MH Race	MHRACE	R1	American Indian or Alaska Native
		R2	Asian
		R3	Black/African American
		R4	Native Hawaiian or Pacific Islander
		R5	White
		R9	Other Race
		UNKNOW	Unknown
Ethnicity Code	ETHNICCODE	2182-4	Cuban
		2184-0	Dominican
		2148-5	Mexican, Mexican American, Chicano
		2180-8	Puerto Rican
		2161-8	Salvadoran
		2155-0	Central American (not specified)
		2165-9	South American (not specified)
		2060-2	African
		2058-6	African American
		AMERCN	American
		2028-9	Asian
		2029-7	Asian Indian
		BRAZIL	Brazilian
		2033-9	Cambodian
		CVERDN	Cape Verdean
		CARIBI	Caribbean Island
		2034-7	Chinese
		2169-1	Columbian
		2108-9	European
		2036-2	Filipino
		2157-6	Guatemalan
		2071-9	Haitian
		2158-4	Honduran
		2039-6	Japanese
		2040-4	Korean
		2041-2	Laotian
		2118-8	Middle Eastern
		PORTUG	Portuguese
		RUSSIA	Russian
		EASTEU	Eastern European
		2047-9	Vietnamese
		OTHER	Other Ethnicity
		UNKNOW	Unknown / not specified